

Name of licensee

Massachusetts Department of Revenue

Cigarette Excise Return

C	l —	1U

Date

Trade name		License number		
Street address			Classification	
City/Town	State 2	Zip	Month of return	
If you are a vending machine operator, state number of machines on location 1 Inventory at beginning of month. 2 Purchased or acquired during month. 3 Line 1 plus line 2. 4 Inventory at end of month. 5 Total number of cigarettes sold in Massachusetts during month (subtract line 4 from line 3). The undersigned licensee certifies under the penalties of perjury that all items and statements herein contained are true and accurate, that there has been full compliance with the requirements of Ch. 62C and 64C, including rules and regulations, and that it has made no purchases and has no inventory of tax free cigarettes.				

Important notice. Please read carefully.

Cigarette Excise Return. Only those wholesalers and vending machine operators whose **entire** purchases and inventory of cigarettes are Massachusetts tax paid may file monthly on this form.

Your cigarette excise return under G.L. Ch. 62C is due on or before the 20th day of each calendar month covering sales during the preceding month.

The return on the reverse side (Form CT-10) may be used and filed at this office, in lieu of form CT-1.

If you purchased cigarettes from a manufacturer or you made sales to U.S. Agencies or sales or transfers out of

Massachusetts, you must use Cigarette Excise Return Form CT-1 and attach thereto all pertinent schedules called for on such form.

Violations of the provisions of Chapter 62C and Chapter 64C may result in suspension or revocation of your vending machine operator's cigarette license (or wholesaler's cigarette sub-jobbers license) to sell cigarettes and/or criminal prosecution.

Mail to: Commonwealth of Massachusetts
Department of Revenue
PO Box 7004
Boston, MA 02204